



NORTHAMPTON
RURAL DISTRICT COUNCIL



ANNUAL REPORT
OF
The Medical Officer of Health
AND
The Chief Public Health Inspectors
1966

JOAN M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H.

To: The Chairman and Members of the Rural District Council of Northampton.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector. I assumed duties on June 1st following the death of my colleague Dr. A. Lucas in May. An amalgamation of health divisions 1 and 2 was created under Section 111 of the Local Government Act, 1933, whereby the Borough of Daventry and Brackley together with the rural districts of Brackley, Brixworth, Daventry, Northampton and Towcester were combined to form the Health Area of South and West Northamptonshire.

The environmental control of the district has been well maintained throughout the year. The district has already achieved a high standard in the provision of sewage works, good housing and excellent accommodation for the elderly. A number of houses were improved by means of improvement grants. A hundred per cent meat inspection is maintained.

The vital statistics for the year show that there were 237 deaths as compared with 304 for last year. This gives a standardised rate of 7.6 compared with the national figure of 11.7.

The total number of births was 354 compared with 419 last year, and showing, therefore, a decrease of 65 of which 15 were illegitimate. There were 3 infant deaths.

The notification of infectious diseases shows a considerable decline, there being 152 cases as compared with 535, this being largely due to a fall of measles notifications, which is following its usual biennial incidence. There were no outbreaks, only one case of dysentery and no cases of food poisoning. There were 6 new cases of tuberculosis and one death, but this was in a person over 75 years, and was of a non-respiratory type of disease.

This year 17 died from pneumonia, 12 from bronchitis and none from respiratory tuberculosis. It is gratifying to record only one death from this disease which as short a time as fifteen years ago had not yet been vanquished, and it is well to remember that an affliction which assailed mankind since recorded history, has virtually been eradicated from the western world.

A high level of immunisation must always be maintained and emphasised to parents with each new birth. Infants should receive immunisation to diphtheria, whooping cough, tetanus, poliomyelitis and smallpox with adequate booster immunisation until school life, and at 13 years all school children vaccinated for tuberculosis.

This district now provides adequate refuse collection, sewerage schemes, good housing, and has a splendid record in its provision for the elderly. Pure water is available. It continues to be necessary to exert vigilance in the control of infectious disease, in the inspection of shops, factories, meat and in the preparation and handling of food. Environmental health in the area can be stated to be satisfactorily maintained, but the concept of health may no longer be related wholly to environmental control which together with the benefits of science and the provisions of the welfare state should have attained a high standard. There are, however, signs that faulty patterns of living are emerging which are inimical to health. The new era of the Welfare State with many extra benefits leading to an increase in leisure and general prosperity, presents many new problems which afford no easy solution and will ultimately depend not only on environmental control but on individual rectitude and good sense.

People are living longer, but there remains a high death rate among middle aged men. This is largely due to arterial disease resulting in coronary thrombosis and strokes and to cancer of the lung. It is possible that early arterial disease is related to the lessening need for physical exertion, combined with the consumption of over refined and excessive food. Stress may be an additional factor. The relationship of heavy cigarette smoking and cancer of the lung is irrefutable and the prevention of this habit lies within the free will of the individual. Those who influence young people have a responsibility to exert every effort to encourage them never to start smoking.

Many die needlessly from accidents both in the home and on the roads. The majority of these are either young children or elderly persons. The carnage from road accidents will continue to increase unless drivers adopt a more mature attitude. Death and mutilation on the road appears now to be accepted facets of modern life causing little public outcry; yet each year the death rate rises and thousands are injured.

In the past when disease was rife and poverty prevalent, mental instability, crime and cruelty were considered to be due to these causes. In the last two decades poverty has virtually been abolished and yet there is an increase in crime and delinquency. Those other manifestations of an unstable society, a rising divorce rate, cruelty to children, delinquency, violence, drug taking, neurosis and suicide are also evident. Members of our society need to reflect on these perplexing trends as it must be from the people themselves and in the actions that they take, that a solution must come. The sources of some of these discords may lie in the loss of spiritual ideals, in faulty patterns of family life, in the lessening need to strive in a welfare state, or in superabundant physical energy misdirected perhaps by lack of suitable outlet.

I wish to express my grateful thanks to Mr. Miller, the Chief Public Health Inspector, and his staff for their helpful co-operation and for their work in the compilation of this report, to the Chairman and members of the Council for their help and encouragement throughout the year. My thanks are also due to the County Medical Officer of Health for his ready co-operation at all times.

I remain your obedient Servant,

JOAN M. ST.V. DAWKINS.

Medical Officer of Health.

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NORTHAMPTON RURAL DISTRICT COUNCIL

Members of the Housing and Public Health Committees:-

Chairman of Housing Committee: Lt. Col. C. J. M. Watts.
(Vice-Chairman) Mr W. T. C. Ansell.

Chairman of Public Health Committee: Mr J. W. Lyne.

Messrs. C. J. Barrick; Commander R. J. Cooper; C. T. Cripps;
F. H. Curtis; T. G. Fincham; Mrs J. Green; J. M. Heygate;
F. R. Hill; Miss J. Logan; J. W. Lyne; B. A. Potter;
H. A. Robinson; A. L. Singlehurst; H. R. Smith; Mrs C. E.
Spencer; K. G. Tonge; J. H. Underwood; F. G. Yorke,
Mrs. M. M. Bartlet and Major W. Blaney.

Public Health Officers of the Council

Medical Officer of Health:

Dr. J. M. St. V. Dawkins, M.B.B.S, D.P.H., D.C.H.

Who also holds the appointment of

Medical Officer of Health to, Brackley Borough, Daventry
Borough and the Rural Districts of Brackley, Brixworth,
Daventry and Towcester.

Chief Public Health Inspector: R. J. Miller, A.I.A.S., M.R.S.H.

Additional Public Health Inspectors: M. Merriman, M.A.P.H.I., M.R.S.H.
T. A. Harris, M.A.P.H.I., M.R.S.H.
P. J. Flude, M.A.P.H.I.,
A. G. Kirkland, M.A.P.H.I.

Office Staff

Chief Clerk: R. S. Haynes

Clerk: Mrs D. Ellis

Staff - Outdoor:

Rodent Operative:		1
Sewage Disposal:	(Labourers)	8
Refuse Disposal:	(Drivers)	4
	(Loaders)	7
	(Labourers)	2 (1 Tractor Driver)
Cesspool Service and Sewage Mobile Squad:		4

SUMMARY OF VITAL STATISTICS, 1966

Area (acres)	46,548
Population (estimated at mid-year 1966)	20,050
Number of inhabited houses (at 31st March, 1967) according to rate books.	6,523
Rateable Value (31st December, 1966)	637,800
Product of 1d. rate 1966/1967 (Actual)	£2,633. 13s. 11d.
Northamptonshire Area (1st April, 1966) approx.	575,000 acres

VITAL STATISTICS.

Live Births. 354.	Live Birth Rate per 1,000 population.	17.7
Still Births. 2.	Still Birth Rate per 1,000 live and still births.	5.6
Total Live and Still Births. 356.		
Infant Deaths. 3.	Legitimate.	
Infant Mortality Rate per 1,000 live births.		8.5
Infant Mortality Rate per 1,000 live births, legitimate.		8.5
Infant Mortality Rate per 1,000 live births, illegitimate.		-
Neo-Natal Mortality Rate per 1,000 live births.		5.7
Illegitimate Live Births per cent of total live births.		4.2%
Maternal Deaths (including abortion)		-
Maternal Mortality Rate per 1,000 live and still births.		-

<u>LIVE BIRTHS</u> (rate per 1,000 total population)					Rate for England and Wales.
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
Legitimate	193	146	339		
Illegitimate	7	8	15		
	200	154	354	17.7 cr 19.1 sr	17.7

<u>STILL BIRTHS</u> (rate per 1,000 live and still births)					Rate for England and Wales.
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
Legitimate	2	-	2		
Illegitimate	-	-	-		
	2	-	2	5.6	15.4

<u>DEATHS</u> (per 1,000 total population)					Rate for England and Wales.
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
All Causes	122	115	237	11.7 cr 7.6 sr	11.7

MATERNAL MORTALITY: nil

DEATHS FROM INFECTIOUS DISEASES: nil

INFANT MORTALITY: There were 3 deaths, 2 male and 1 female; 2 deaths occurred under 1 week of life and 3 deaths under 1 year of life. This gave a crude rate of 8.5 as compared with 7.3 the previous year.

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	Rate for England and Wales
Legitimate	2	1	3		
Illegitimate	-	-	-		
	-	-	-		
TOTAL	2	1	3	8.5	19.0
	==	=	=		

Vital Statistics for 1966 and Previous Years

Year	Estimated Population of Northampton Rural District		Births		Deaths			
			No.	Rate	Under 1 year		All Ages	
					No.	Rate	No.	Crude Rate
	+	17,350						
1946		17,600	340	19.3	12	35.26	174	9.9
1947		17,910	355	19.8	13	36.62	202	11.2
1948		18,370	279	15.19	8	28.8	168	9.15
1949	+	18,760	293	15.58	13	44.37	230	12.26
	*	18,810						
1950		19,320	268	13.87	6	22.39	213	11.03
1951	Census	19,710	303	15.47	9	29.70	234	11.95
1952		19,970	302	15.12	9	29.0	187	9.61
1953		20,240	318	15.7	9	28.3	231	11.3
1954		20,890	329	15.3	6	18.3	274	13.1
1955		21,930	367	16.7	7	21.9	298	13.6
1956		23,290	435	18.6	8	18.3	293	12.4
1957		24,400	488	20.0	11	22.6	332	13.6
1958		25,270	514	20.3	15	29.1	296	11.7
1959		26,180	500	19.1	12	24.0	290	11.1
1960		26,560	476	17.9	12	25.2	314	11.8
1961		27,420	555	20.2	6	10.8	340	12.4
1962		28,250	557	19.0	10	17.0	331	11.5
1963		29,540	556	18.8	9	25.6	352	11.9
1964		30,770	651	22.0	6	23.0	307	10.0
1965	B	19,150	419	18.5	3	7.3	304	13.1
1966		20,050	354	17.7	3	8.5	237	11.7

NOTE:- Population figures are the Registrar General's Midyear estimate.

* Population for calculation of Birth Rate.

+ Population for calculation of Death Rate.

B Revision of boundaries under the Northampton Order, 1964 whereby Weston Favell, Duston and parts of Hardingstone and Billing parishes were lost to the District as from 1st April, 1965.

Causes of Death at Different Periods of Life During 1966 in the
Rural District of Northampton

Cause of Death	Sex	Total All Ages	Under 4 Weeks	4 Weeks and Under 1 Year	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over	
1. Tuberculosis, other	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
2. Syphilitic Disease	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
3. Malignant Neoplasm, Stomach.	M	2	-	-	-	-	-	-	-	-	1	-	1	
	F	2	-	-	-	-	-	-	-	-	1	-	1	
4. Malignant Neoplasm, Lung, Bronchus.	M	10	-	-	-	-	-	-	-	2	2	5	1	
	F	2	-	-	-	-	-	-	-	-	1	1	-	
5. Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	
6. Malignant Neoplasm, Uterus	F	1	-	-	-	-	-	-	-	1	-	-	-	
7. Other malignant and Lymphatic Neoplasms	M	14	-	-	-	-	-	-	-	1	6	2	5	
	F	9	-	-	-	-	-	-	-	-	1	5	3	
8. Leukamemia, Aleukaemia	M	2	-	-	-	1	-	-	1	-	-	-	-	
	F	1	-	-	-	-	-	1	-	-	-	-	-	
9. Diabetes	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
10. Vascular Lesions of Nervous System	M	13	-	-	-	-	-	-	-	-	2	2	9	
	F	18	-	-	-	-	-	-	-	-	2	2	14	
11. Coronary Disease, Angina	M	31	-	-	-	-	-	-	1	1	4	10	15	
	F	24	-	-	-	-	-	-	-	-	3	11	10	
12. Hypertension with Heart Disease.	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	5	-	-	-	-	-	-	-	1	-	2	2	
13. Other Heart Disease	M	8	-	-	-	-	-	-	1	-	2	1	4	
	F	7	-	-	-	-	-	-	-	1	-	-	6	
14. Other Circulatory Disease	M	9	-	-	-	-	-	-	-	-	2	1	6	
	F	16	-	-	-	-	-	-	-	-	-	4	12	
15. Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
16. Pnuemonia	M	9	-	1	-	-	-	-	-	1	-	1	6	
	F	8	-	-	-	-	-	-	-	-	1	3	4	
17. Bronchitis	M	8	-	-	-	-	-	-	-	-	3	5	-	
	F	4	-	-	-	-	-	-	-	-	1	2	1	
18. Other Diseases of Respiratory System	M	2	-	-	-	-	-	-	-	-	-	1	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
19. Ulcer of Stomach and Duodenum	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
20. Nephritis and Nephrosis	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
21. Other Defined and Ill- Defined Diseases.	M	5	1	-	-	-	-	-	-	-	2	1	1	
	F	11	1	-	-	-	-	-	1	-	1	2	6	
22. Motor Vehicle Accidents	M	2	-	-	-	1	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
23. All other Accidents	M	3	-	-	-	-	-	-	-	1	-	1	1	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
24. Suicide	M	1	-	-	-	-	-	1	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL ALL CASES	M	122	1	1	-	1	1	1	3	8	24	31	51	
	F	115	1	-	-	-	-	1	1	3	12	34	63	

SECTION A.

NATURAL AND SOCIAL CONDITIONS.

The District is largely rural, with some suburban area remaining round the town of Northampton. The main industry is agriculture, and with the exception of a large engineering works in Roade, consists only of a few small factories of various types include some in the leather trade.

There is a large abattoir and storage depot at Hardingstone. A marina with caravan site and pleasure grounds are situated at Billing. There is considerable housing development in the district.

POPULATION.

The Registrar-General's figure of the estimated population at mid-year was 20,050 showing a decrease on the figure for 1965, although this total had increased by the end of the year with the completion of more private houses. The majority of persons occupying these new houses came from outside the District. The decrease in population, i.e. excess of deaths over births, was thirty-seven.

BIRTHS.

The number was 354 showing a decrease of 65 compared with the previous year, and giving a standardised rate of 19.1 (calculated on the Registrar-General's comparability factor 1.08) compared with 17.7 for England and Wales, per 1,000 of the total population.

STILL-BIRTHS.

The figure was two for the year, compared with eight for 1965, and gives a rate of 5.6 per 1,000 live and still births.

ILLEGITIMATE BIRTHS.

There were fifteen, the same number as in the previous year.

MATERNAL MORTALITY.

No death was recorded.

INFANT MORTALITY.

The number of children under one year who died was two, compared with five for 1965. One death occurred in the first week of life.

DEATHS.

Statistics for the year show that there were 237 deaths compared with 304 for last year. This gives a standardised rate of 7.6 compared with the national figure of 11.7. Male deaths exceed female deaths by seven. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 132 of which 55 died from coronary disease alone, while 21 died from other heart disease and a further 31 from vascular lesions of the nervous system, and 25 from other circulatory disease.

Diseases of the heart and circulation constitute, once again, over half the total deaths. Cancer remains the second highest cause of death, this year taking 41 persons. Thus diseases of the heart and circulation together with cancer cause two thirds of the total deaths.

The trend in principal causes of death continues, therefore, towards the mainly degenerative and neoplastic conditions, and away from infectious disease, now largely controlled by the wide number of antibiotic and other drugs. However, it can be seen that 58 persons out of a total 237 deaths died before the age of 65. The causes of their deaths were predominantly either due to accidents, arterial disease or cancer. Six people from the district died as a result of accidents.

The standardised rate is calculated from the Registrar-General's comparability figure 0.65 which makes allowance for age and sex distribution of the population in different areas, and is specifically to take into account the presence of any residential institution in the area.

This year again, both nationally and locally, the number of deaths from cancer of the lung has increased; statistics also shown an increase in a lower age group. Males still predominate but females are catching up due to the increase in the number of female cigarette smokers. In 1929, 2,751 died from cancer of the lung, in 1939, 6,214, in 1963, 24,434, in 1965, 26,399 and in 1966 27,013. The relationship between heavy cigarette smoking and cancer of the lung has been firmly established. Publicity in press and television have brought it home to all. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The best chance of success in treatment of cancer of the lung lies in early detection. All individuals over the age of 45 should have their chest x-rayed regularly. However, the best cure is prevention, either to abstain from smoking or to give it up. Health educators, parents and those in contact with children should both advise and set an example not to smoke.

The main causes of death, at the present time are degenerative diseases of the arteries. Improved standards of living and the successful control and treatment of infections have no doubt increased the number of elderly people in the community, but the emergence of early degenerative disease is now becoming significant. With the mechanisation of industry and improved transport facilities, in particular the development and widespread use of motor vehicles, the proportion of people who have adequate exercise has declined and the number of sedentary workers including office workers and business executives has increased. Again modern food technology and the use of scientific knowledge and methods in the production of foods have enormously increased the range and quantity available. Seasonal variations in food supplies have almost disappeared and price is within the means of most.

The net result is that food consumption has gone up. Now 100 lbs. of sugar per head per year is used compared with about one fifth of this quantity 100 years ago; the same is true for fats and other starchy foods. At the same time, the need for physical exercise has diminished. Early degenerative disease is much less common in underdeveloped countries. It is wise to be as physically active as possible, taking regular exercise to an amount which does not cause undue fatigue, breathlessness or palpitation, and to exercise moderation in the consumption of starchy and fatty foods.

Road accidents in Great Britain since the beginning of the century have caused 300,000 deaths. In 1966, 7,985 died on the roads compared with 7,952 in 1965. Thus on an average day throughout the year, 22 road users were killed or one death occurred approximately every 66 minutes. Analysis by age has shown the 15-25 years group to be most at risk due to temperamental failures of individuals. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars or helmets on motorcycles, and driving with due consideration for the safety of other road users is stressed.

Confirmed figures concerning accidents in the home for 1966 have not yet been published but provisional figures indicate a general worsening of the situation. Falls constitute by far the most frequent cause of accidental death in and around the house, about 59 per cent of the total. Nearly 90 per cent of these fatalities were to people in the age group 65 and over. The next most common cause was poisoning followed by burns and scalds, and finally suffocation and choking. Attention to details such as fire guards, fire resistant materials for children's nightdresses, simple structural alterations in houses for elderly people and provision of physical aids, keeping medicines under lock and key, are required to prevent these deaths.

The respiratory infections still take their toll, though less than formerly. The great majority of deaths from pneumonia are in those whose health is undermined by other causes and is as such only a terminal event. There were 9 deaths from pneumonia, 16 from bronchitis and 3 from other respiratory diseases.

SECTION B

GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES

Laboratory Service: The Public Health Laboratory Service operating at the General Hospital, Northampton, was available for the diagnosis and analysis of specimens relative to infectious disease, and also for the bacteriological examination of water samples, and was free of cost to the authority. A helpful and efficient service is provided, and we thank Dr. Hoyle for his constant co-operation.

Ambulance Service: Under the control of the County Council, is used for cases occurring in the district.

Nursing in the Home, Midwives and Health Visitor Service: These are provided directly by the County Council, who have their nurses living in various parishes in the district.

The Home Help Service: Also provided by the County Council, in operation in various parishes in the District. It is a very necessary service and affords considerable benefit to the community, both to domiciliary maternity cases, and in the case of old people who can remain comfortably at home, and whom, without this help, would be in institutions.

Child Welfare Clinics: A list of County Council Child Welfare Clinics held in this area is shown below:-

Cogenhoe	2nd Monday of month
Yardley Hastings	3rd Monday of month
Harpole	4th Monday of month
Wootton	1st Tuesday of month
Hardingstone	2nd and 4th Tuesday of month
Hackleton	3rd Thursday of month
Roade	4th Thursday of month
Kislingbury	4th Friday of month

The mobile clinic also visits Milton Malsor on the 3rd Thursday morning of the month.

Transport facilities are provided by the County Council in various parts of the district to attend clinics at a nearby centre.

Vaccination and Immunisation

Children are offered protection from the following diseases:- Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Smallpox.

These immunisations are done either at County Council clinics or by General Practitioners.

Hospitals

Those suffering from infectious disease are treated at Harborough Road Hospital. All other cases are either treated at the General Hospital, Northampton, or the Manfield Hospital for Orthopaedic Cases.

Sufferers from tuberculosis are treated at either Rushden or Creton Hospitals.

PART C

SUMMARY OF INSPECTIONS AND VISITS MADE DURING 1966
BY THE PUBLIC HEALTH INSPECTORS

1. PUBLIC HEALTH ACT, 1936

(a) Infectious Diseases

(i) Investigating Cases	2
(ii) Visits to Contacts	4

(b) Disinfestations

(i) Dwelling Houses	-
(ii) Others	10

(c) Drainage

(i) Drains reported blocked	5
(ii) Other drainage visits	17

(d) Water Supply

Water Samples submitted for analysis

(a) Chemical - piped	-
(b) Bacteriological - piped wells and springs, swimming pools	4 121

Water supply visits	37
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(e) Visits for Inspection of:-

(i) Tents, vans and sheds	26
(ii) Offensive Trades	-
(iii) Swimming Baths	31
(iv) Keeping Animals	2
(v) Accumulations of Refuse	37
(vi) Miscellaneous Nuisances	129

2. HOUSING ACTS, 1957 and 1964

(a) Houses inspected	76
(b) Miscellaneous visits	8

3. FOOD AND DRUGS ACT, 1955

(a) Dairies	60
(b) Slaughterhouses	1955
(c) Knackers Yards	2
(d) Ice-Cream Premises	4
(e) Other premises to which section 16 applies	415
(f) Bacteriological samples taken: (i) Milk	12
(ii) Ice-Cream	15
Food Poisoning	-

4. FACTORIES ACT, 1961

Factories with Power	11
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5. INSPECTIONS UNDER OTHER ACTS

(a) Prevention of Damage by Pests Act, 1949	88
(b) Petroleum (Regulations) Acts, 1928 and 1936	60
(c) Miscellaneous Acts, Regulations and Orders	230

6. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963 30

3,391

INSPECTIONS MADE UNDER OFFICES, SHOPS AND
RAILWAY PREMISES ACT, 1963 DURING 1966.

TOTALS				
TABLE A REGISTRATIONS AND GENERAL INSPECTIONS	Offices	-	10	10
	Retail shops	1	29	29
	Wholesale shops, warehouses	1	4	4
	Catering establishments open to the public, Canteens	-	11	11
	Fuel storage depots	-	2	2
		(1)	(2)	(3)
Class of premises			Number of premises registered during the year.	Total No. of regist- ered prem- ises at end of year.
				Number of registered premises receiving a general inspection during the year.

TABLE B - NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

138

TABLE C		Class of workplace	Number of persons employed
		(1)	(2)
ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE.	Offices.		55
	Retail Shops.		79
	Wholesale departments, warehouses.		61
	Catering establishments open to the public.		126
	Canteens		3
	Fuel storage depots		14
	TOTAL		338
	Total Males		195
	Total Females		143

TABLE D - EXEMPTIONS - No exemptions current at 31st December or granted or refused during the year.

TABLE E - PROSECUTIONS - No Prosecution instituted of which the hearing was completed in the year.

TABLE F - INSPECTORS

No. of inspectors appointed under
Section 52 (1) or (5) of the Act 5

No. of other staff employed for
most of their time on work in
connection with the Act. NIL

Factories Act, 1961 - Part 1

1. Inspections for purposes of provisions as to health made by the Public Health Inspectors.

<u>PREMISES</u>	No. on <u>Register</u>	No. of <u>Inspect-</u> <u>ions</u>	No. of <u>written</u> <u>notices</u>	No. of <u>Occupiers</u> <u>Prosecuted</u>
(1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	12	-	-	-
(2) Factories not included in (1) in which Section 7 is enforced by Local Authorities.	44	11	-	-
(3) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises).	-	-	-	-
	56	11	-	-

2. Cases in which DEFECTS were found:- Nil.

PUBLIC HEALTH ACT, 1936

Water Supplies

During the year 4 samples were taken, 1 being taken from public sources and 3 from private wells. One sample taken from a private well was unsatisfactory.

Out of 11 known public wells, only one was in use during 1966, as was so in 1965.

During the year no samples were taken for chemical analysis.

SWIMMING POOL

During the season 105 samples of water from the one privately owned public swimming pool were taken for bacteriological examination. These samples were reported as satisfactory, with the exception of three in June when the plant failed temporarily. Regular visits were made throughout the season to check the chlorination plant for residual chlorine, and the soda lime dosing arrangements.

Road Secondary School Swimming Pool

Twenty water samples and comparator tests were taken during the year. All these proved to be satisfactory.

The excellent amenities at Road swimming pool are also used by Deanshanger Secondary School, Blisworth County Primary School, Road County Primary School and The Northampton and County Police Cadets.

FOOD AND DRUGS ACT, 1955

Knackers' Yards

There is one licensed Knacker's yard in the district; inspections were carried out during the year and conditions were found to be generally satisfactory.

KNACKER'S YARD

ANIMALS RECEIVED DURING 1966

Number of horses slaughtered AWAY	4
Number of horses slaughtered IN TRANSIT	80
Cattle	1,498
Calves	1,766
Sheep	4,873
Pigs	472
Foals	4
Goats	2
Donkeys	1
	<hr/>
TOTAL:-	8,700
	=====

PETROLEUM (REGULATIONS) ACTS, 1928 AND 1936

The storage of petroleum is not always treated with the caution that this dangerous material requires. This is why special care is taken in examining new applications for siting and storage of petroleum spirit and petroleum mixtures.

Sixty nine licences were renewed during the year for the storage of Petroleum Spirit and Petroleum Mixtures. 1 new licence was issued. The total storage capacity of licenced premises at the end of the year was:-

(1)	Petrol Spirit	101,805 gallons
(2)	Petroleum Mixtures	3,355 gallons

No licences were issued for the storage of calcium carbide or cellulose paint.

SEWERAGE AND SEWAGE DISPOSAL

Disposal Works	Up to Royal Commission Standard			Below Royal Commission Standard		
	Borough Lab.	River Board	R.D.C.	Borough Lab.	River Board	R.D.C.
Bugbrooke and Heyford	7	2	1	5	1	4
Hartwell and Ashton	6	-	7	4	1	1
Roade	1	1	-	24	3	23
Wootton	5	-	5	7	1	5
Harpole and Kislingbury	17	3	19	2	-	5
Hackleton	1	-	4	6	2	1
Milton Malsor and Rothersthorpe.	5	1	4	2	-	-
Courteenhall	6	-	6	1	1	2
Castle Ashby	6	-	2	2	1	4
Yardley Hastings	1	-	7	1	-	3
Denton	-	-	-	-	-	-

PART D

HOUSING ACT, 1957.

A summary of action taken during the year is as follows:-

Number of houses on which action was commenced 2 (3)

Number of houses on which demolition orders were made 1 (2)

Number of houses on which closing orders were made 1 (-)

Number of houses on which proposals for reconstruction were accepted - (-)

Number of houses on which other proposals were accepted - (-)

Number of houses purchased by Council for rehabilitation - (-)

Number of houses on which action has not been finalised 8 (5)

Houses demolished 1

People displaced	(a)	Individuals	9
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People displaced	(b)	Families	3
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(E) IMPROVEMENT GRANTS

(1) Standard	Owner/Occupiers		Tenanted	
	Standard		Standard	
	5 point	3 point	5 point	3 point
1. Number of applications Received	14	-	4	-
Number of applications Approved	9	-	1	-
Number of applications Refused	-	-	-	-
2. Number of dwellings improved	12	-	5	-
3. Amount paid in grants		£. 2,100	s. 0	d. 0
4. Average grant per house		123	0	0
5. Number of amenities provided (a) fixed bath			12	
(b) shower			-	
(c) wash hand basin			12	
(d) hot water supply (to any fittings)			15	
(e) water closet				
(1) within dwelling			11	
(2) accessible from dwelling			-	
(f) food store			11	

(2) Discretionary

	Owner/Occupiers		Tenanted	
1. Number of applications Received	10		8	
2. Number of applications Approved	11		8	
3. Number of applications Refused	-		-	
4. Number of dwellings Improved	9		14	
5. Amount paid in grants		£. 6,430	s. 0	d. 0
6. Average grant per house		306	0	0

MILK REGULATIONS

Under the Milk (Special Designations) Regulations, 1960 eleven retailers of various designated milks were licenced for a five year period from the 1st January, 1966.

MILK SAMPLING

At the request of the Ministry of Health regular milk sampling was carried out at a large farm dairy and bottling plant. Twelve samples were taken. All sample reports proved to be satisfactory.

FOOD COMPLAINTS

During the year complaints of unsatisfactory foods were received from members of the public in respect of the following:-

Bottle of milk	Dirty mark inside
Bottle of milk	Containing a twig
Canned meat	Containing a piece of tin
Sausage	Contained a piece of glass

In each instance the complaint was followed up and appropriate action was taken. In the first instance a prosecution was instituted against the offending firm. At the hearing a fine of £5 was made. Costs amounted to £3. 3s. Od.

FOOD PREMISES

The number of premises in which food is prepared and sold was 179 consisting of the following:-

Bakehouses	1
Butchers	14
Cafes and Caterers	12
Factory Canteens	3
School Canteens	7
Institutional Canteens	1
Clubs	3
Confectioners	2
Fishmongers	1
Food Warehouses	3
Greengrocers	1
Grocers	47
Ice-Cream sales points	42
Licensed premises	<u>42</u>
	179
	<hr/>

Number of food premises visited	90
Number of visits made to food premises	419
Number of food premises where contraventions were found	34
Number of informal notices served in respect of contraventions reported	11
Number of premises at which contraventions were reported as remedied	33

FOOD PREMISES

The Survey of food premises has been maintained, and visits were made as frequently as possible.

Of the mobile food shops based within the district there are 11 of which 8 are butchers and 3 are grocers. Numerous mobile shops also ply in the district from more distant bases. These are also visited when occasion offers.

Ice-Cream

There are 42 premises registered for the retail storage and sale of ice-cream in the District. Routine sampling of the products is carried out for bacteriological examination.

During the year a total of 15 samples were submitted to the Public Health Laboratory Service and subjected to the Methylene Blue Test. Appropriate action was taken in respect of the unsatisfactory sample report received.

<u>Grade</u>	<u>Time taken to Reduce Methylene Blue</u>	<u>No.</u>	<u>Percentage</u>
1	4 $\frac{1}{2}$ hours or more	10	100% (100)
2	3 $\frac{1}{2}$ hours to 4 hours	2	-
3	2 $\frac{1}{2}$ hour to 2 hours	-	-
4	0 hours	1	-

(Note:- Percentages for 1965 are given in brackets)

During the year 2 samples were taken of "water ices" of which both reached a satisfactory bacteriological standard.

MEAT INSPECTION

Under the inspection service provided by the Council all the meat passing through the Hardingstone abattoir in addition to that at the five smaller slaughterhouses is 100% examined. Two of the Public Health Inspectors were engaged full time on meat inspection duties in addition to carrying out work under the Slaughter of Animals Act, the Slaughterhouses Act, the Slaughterhouse Hygiene Regulations, the Prevention of Cruelty Regulations and the Food Hygiene Regulations.

The following table gives comparative figures for the last five years:-

<u>Year</u>	<u>Annual Throughput</u>	<u>Percentage Increase or Decrease over previous year</u>
1962	66,308	3.5 increase
1963	61,905	6.6 decrease
1964	68,932	11.4 increase
1965	64,026	7.1 decrease
1966	61,936	3.3 decrease

95.6% of the throughput was at Hardingstone abattoir. 100% inspection was again achieved.

MEAT INSPECTION REPORT

CARCASES INSPECTED AND CONDEMNED DURING THE YEAR 1966.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	6,400	33	505	29,720	25,278	
Number inspected	6,400	33	505	29,720	25,278	

All diseases except Tuberculosis, & Cysticerci

Whole carcasses condemned	1	-	1	5	8	
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Carcases of which some part or organ was condemned	2,518	8	3	652	5,381	
--	-------	---	---	-----	-------	--

Percentage of number inspected affected with disease other than tuberculosis and cysticerci.	37.3	24.2	0.8	2.2	21.3	
--	------	------	-----	-----	------	--

Tuberculosis only

Whole carcass condemned	-	-	-	-	-	
----------------------------	---	---	---	---	---	--

Carcases of which some part or organ was condemned	-	-	-	-	294	
---	---	---	---	---	-----	--

Percentage of the number inspected affected with tuberculosis	-	-	-	-	1.2	
--	---	---	---	---	-----	--

Cysticercosis

Carcases of which some part or organ was condemned.	}	20	-
Carcases submitted to treatment by refrigeration.			

Generalised and totally condemned.	-	-
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Unsound food surrendered or condemned

	<u>Tons</u>	<u>Cwts</u>	<u>Lbs</u>
1. Meat at slaughterhouses	30	6	24
2. Meat at wholesale premises	-	-	24
3. Meat at retail shops	-	-	-
4. Cooked meat and meat products	-	-	4
5. Canned meats	-	-	24
6. Fish	-	-	-
7. Fruit and vegetables	-	-	28
8. Other foods	-	-	-
	30	6	104

Cysticercus bovis infestation

Cysticercus bovis cysts were found in 20 beasts, and the carcasses were subjected to appropriate refrigeration, for 21 days in each case.

SLAUGHTER OF ANIMALS ACT, 1954

The number of licences in force during the year for the slaughter of animals was 28.

Food Poisoning Outbreaks

There was no case of food poisoning during the year.

LICENSING OF CARAVAN AND CAMPING SITES 1966.

PARISH	A. Caravan sites and Control of Development Act, 1960.		B. Public Health Act, 1936 Tents, Vans, Sheds and similar structures.	
	EXISTING SITE	APPLICATIONS APPROVED IN 1966	EXISTING LICENCES	APPLICATIONS APPROVED IN 1966
ASHTON	1 (1)			
BILLING	1 (145)	1 (210)	3 (110)	1 (100)
BRAFIELD				
BUGBROOKE				
CASTLE ASHBY				
COGENHOE	4 (34)		2 (65)	
COLLINGTREE				
COURTEENHALL				
DENTON				
HACKLETON	1 (1)			
HARDINGSTONE	1 (1)			
HARPOLE				
HARTWELL				
HEYFORD, NETHER	1 (1)			
HEYFORD, UPPER				
HOUGHTON, GREAT				
HOUGHTON, LITTLE				
KISLINGBURY	2 (2)			
MILTON MALSOR		1 (1)		
QUINTON				
ROADE				
ROTHERSTHORPE				
UPTON				
WOOTTON				
YARDLEY HASTINGS				
TOTALS	11 (185)	3 (143)	5 (175)	1 (100)

NOTE: FIGURES IN BRACKETS INDICATE NUMBER
OF UNITS IN EACH CASE.

SECTION E

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

152 cases were notified, showing a considerable decrease in last year's figure of 535 cases. This was due to the decrease in measles notifications, which continues its biennial incidence.

The year's figures have been satisfactorily low for other types of infectious disease. There was one case of Erysipelas reported. Other infectious diseases are commented upon in the following paragraphs:-

MEASLES

Numbers notified decreased from 475 last year to 123. This disease though highly infectious is now, like scarlet fever, of a benign character, seldom showing serious complication. However, in the more delicate and occasionally in normal children, the unpleasant complications of eye, ear or lung infection still occur. These, however, are usually soon and successfully dealt with by the large number of effective antibiotics that are now available.

WHOOPIING COUGH

Notifications received in the year have been 6 compared with 17 last year. The County Council and many general practitioners have now adopted the method of early immunisation to this illness, starting at 2-3 months, and it is to be hoped that there will be fewer cases of this disease which, when it attacks in early infancy, can be distressing and often dangerous. Protection is given in the form of triple immunisation together with Tetanus and Diphtheria.

SCARLET FEVER

The illness was, without exception, very mild and no serious complications resulted. There were 10 cases notified.

POLIOMYELITIS

No cases occurred. This gratifying incidence continues and now, with large numbers immunised, it is to be hoped that there will be a steady decline in occurrence and severity of this infection. It has been found that with immunisation of a high percentage of the population there is a decline of circulating virus in the community, and though themselves not immunised this helped to protect other members of the community from infection. The oral sabin vaccine is now used which gives a longer lasting immunity than the ~~salk~~ or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

DYSENTERY

Only one case occurred.

FOOD POISONING

No cases notified. There has been a low incidence in the district in recent years. The condition is usually caused by one of the Salmonella organisms the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining an entry to food from an infected spot or boil on the hands, arms or face of a food handler may also cause a severe form of food poisoning. Some chemical contaminants can be an occasional cause.

More rarely, Typhoid fever and botulism may occur. However, the commonest form of food poisoning is the Salmonella gaining entry into food by faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today probably one of the commonest.

INFLUENZA

One death was recorded. The number of cases during the year was not known.

BRONCHITIS

Twelve deaths were recorded.

PNEUMONIA

Seventeen deaths were recorded. There were 4 notifications.

Respiratory infection continues to be a cause of much ill-health and chronic suffering. A very marked decline in deaths from pneumonia has taken place since the discovery of the sulphonamides and antibiotics, but in chronic sufferers from bronchitis and in the aged and debilitated some cases do still prove fatal.

The incidence of chronic nasal catarrh often with the later development of sinusitis is still an all too common occurrence. Many school-children still suffer from nasal catarrh. The cause is obscure and the need for research into this problem continues to be stressed.

INFECTIVE HEPATITIS

There was one case - in March - from Hardingstone. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. Acute Infective Hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal-oral spread, with an incubation period of 15-25 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days. It affects adults mainly and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses, and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult may be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital provided adequate hand-washing techniques are practised with current disinfection of excreta. Serum hepatitis can be virtually abolished if disposable equipment were generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

TUBERCULOSIS

Vaccination is offered against tuberculosis by the County Council to all children at 13 years of age. This is carried out in the schools and there is a high acceptance rate.

There were 6 new cases notified during the year - 4 male and 2 females. All were pulmonary cases. In addition there were 2 inward transfers, 2 males and 0 females - both pulmonary cases. One notified case of tuberculosis died during the year.

DIPHTHERIA

There has been no case of diphtheria in Northamptonshire since 1956. There is, therefore, with every successive year of freedom from infection a diminishing public recollection of the dangers of this disease. Mothers without knowledge of this illness feel a false security and may fail to have their children immunised. That this is a dangerous situation cannot be too strongly stressed, and only by keeping up the number of children immunised may this dread disease be kept at bay. It is the duty of all parents to have their children immunised and if they fail to do so they neglect their children's welfare.

SMALLPOX

No case occurred. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

Monthly Incidence of Notifiable Diseases, 1966

as Notified by General Practitioners

DISEASE	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Scarlet Fever	-	-	-	-	2	1	5	-	-	-	2	-	10
Whooping Cough	2	1	-	-	1	-	-	-	-	1	1	-	6
Measles	8	54	12	2	24	11	2	6	-	1	-	3	123
Dysentery	-	-	-	-	-	-	-	1	-	-	-	-	1
Acute Pneumonia	2	1	1	-	-	-	-	-	-	-	-	-	4
Erysipelas	-	-	-	-	-	-	-	-	-	1	1	-	2
Tuberculosis Respiratory	-	1	2	-	-	-	-	1	-	-	1	1	6
Infective Hepatitis	-	-	1	-	-	-	-	-	-	-	-	-	1
TOTALS:	12	57	16	2	27	12	8	7	-	3	4	4	152

Incidence of Notifiable Diseases in
Individual Parishes 1966.

	Scarlet Fever	Whooping Cough	Measles	Dysentery	Acute Pneum.	Erysipilas	Tuberculosis Resp.	Infective Hepatitis	
ASHTON									
BILLING			6						
BRAFIELD									
BUGBROOKE		4	2				1		
CASTLE ASHBY									
COGENHOE			5						
COLLINGTREE	1	1	3						
COURTEENHALL			3						
DENTON			8						
DUSTON									
HACKLETON	1		4						
HARDINGSTONE	2	1	5				1	1	
HARPOLE			2		3				
HARTWELL									
HEYFORD, NETHER									
HEYFORD, UPPER									
HOUGHTON, GREAT			2						
HOUGHTON, LITTLE			1						
KISLINGBURY			1		1				
MILTON MALSOR	6		5			1			
QUINTON			2						
ROADE			23	1			1		
ROTHERSTHORPE									
UPTON							3		
WESTON FAVELL									
WOOTTON			1						
YARDLEY HASTINGS			50						
TOTALS:	10	6	123	1	4	1	6	1	152

Age incidence of Notifiable Diseases 1966.

Age Group	Scarlet Fever		Whooping Cough		Measles	
	M	F	M	F	M	F
Under 1 year					1	
1 "			1	1	11	4
2 "	1	1				8
3 "			1		12	6
4 "					9	5
5-9 "	3	3	1	1	34	26
10-14 "	1	1		1	3	2
15-24 "					1	1
25 and over						
Age unknown						
Totals	5	5	3	3	71	52
	Acute Pheum.		Dysentery		Infective Hepatitis	
	M	F	M	F	M	F
Under 5 years	1					
5-14 "		1				1
15-44 "				1		
45-64 "						
65 and over	1	1				
Age unknown						
Totals	2	2		1		1
	Erysipelas		Tuberculosis Respiratory			
	M	F	M	F		
Under 5 years						
5-14 "						
15-24 "						
25-44 "			1	1		
45-64 "			3	1		
65 and over	1					
Age unknown						
Totals	1		4	2		

